PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

12/05/00

Date

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	CLRI00-013	O.
First Inventor or Application Identifie	ORLEN	37.0
Title HYBRID TWO-WAY RADIO COMMUNICATION SYSTEM		

Only for new nonprovisional applications under 37 C.F R. § 1.53	(b) Express Mail Label No. EK429318710US	□E			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application cont	Assistant Commissioner for Pater ADDRESS TO: Box Patent Application Washington, DC 20231	nts &O			
1. + * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing  2. + Specification [Total Pages] (preferred arrangement set forth below)  - Descriptive title of the Invention  - Cross References to Related Applications  - Statement Regarding Fed sponsored R & D  - Reference to Microfiche Appendix  - Background of the Invention  - Brief Summary of the Invention  - Brief Description of the Drawings (if filed)  - Detailed Description  - Claim(s)  - Abstract of the Disclosure  3. + Drawing(s) (35 U.S.C. 113) [Total Sheets]  4. Oath or Declaration [Total Pages]  i. DELETION OF INVENTOR(S) Signed statement attached del inventor(s) named in the prior ap see 37 C.F.R. §§ 1.63(d)(2) and  **NOTE FOR ITEMS 1 & 18: NO ORDER TO BE ENTITLED TO PAY SIM FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27, IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R.	Mashington, DC 20231  5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy c. Statement verifying identity of above of Computer Program (Appendix)  ACCOMPANYING APPLICATION PART: 7. Assignment Papers (cover sheet & document (When there is an assignee) 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior a Status still proper and deciping poplication, 1.33(b). 14. (If foreign priority is claimed) 15. Other:	on  py) copies  t(s))  f IDS  application,			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  Continuation  Divisional  Continuation-in-part (CIP)  Of prior application No:  Group / Art Unit:  For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  17. CORRESPONDENCE ADDRESS					
E Customer Number or Bar Code Label 25774 (Insert Custo.	or  Correspondence address be	elow			
Name					
Address					
City	State Zip Code				
Country Teleph	(5(1) 500 0440	24			
Name (Print/Type) Michael J. DeLuca	Registration No. (Attomey/Agent) 33.1	16			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Signature

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## FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision Small Entity payments must be supported by a small entity statement. otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R §§ 1 27 and 1 28

TOTAL AMOUNT OF PAYMENT

WARNING:

(\$) 395

spond to a collection of infor	mation unless it displays a valid OMB control number.				
Complete if Known					
Application Number					
Filing Date					
First Named Inventor	ORLEN				
Examiner Name					
Group / Art Unit					
Attorney Docket No.	CLRI00-013				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit	3. ADDIT Large Enti Fee Fee			ty	Fee Paid	
Account Number	Code (\$) 105 130	Cod- 205	e (\$) 65	•	reeratu	
Deposit	127 50	227	25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or		
Account Name				cover sheet.		
Charge Any Additional Fee Required	139 130 147 2,520		130 2,520	Non-English specification  For filing a request for reexamination		
Under 37 CFR §§ 1 16 and 1 17	112 920		920*	Requesting publication of SIR prior to		
2. + Payment Enclosed: CREDIT  Check Money + FORM Order PTO-2038	113 1.840	* 113	1,840	Examiner action     Requesting publication of SIR after     Examiner action		
FEE CALCULATION	115 110	215	55	Extension for reply within first month		
1. BASIC FILING FEE	116 380	216	190	Extension for reply within second month		
Large Entity Small Entity	117 870	217		Extension for reply within third month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360		680	Extension for reply within fourth month		
101 690 201 345 Utility filing fee 355	128 1,850	228	925	Extension for reply within fifth month		
106 310 206 155 Design filing fee	119 300	219		Notice of Appeal		
107 480 207 240 Plant filing fee	120 300		150	Filing a brief in support of an appeal		
108 690 208 345 Reissue filing fee	121 260	221		Request for oral hearing	<del></del>	
114 150 214 75 Provisional filing fee	138 1,510			Petition to institute a public use proceeding Petition to revive - unavoidable		
SUBTOTAL (1) (\$) 355	140 110	240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES	141 1,210			Utility issue fee (or reissue)		
Fee from	142 1,210 143 430	242 243		Design issue fee		
Total Claims Delow Fee Paid	144 580		290	Plant issue fee		
Independent 3 - 3** = 0 X = 0	122 130		130	Petitions to the Commissioner		
Multiple Dependent	123 50	123	50	Petitions related to provisional applications		
*or number previously paid if greater: For Reissues, see below	126 240	126	240	Submission of Information Disclosure Stmt		
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40	581	40	Recording each patent assignment per property (times number of properties)	40	
103 18 203 9 Claims in excess of 20	146 690	246	345	Filing a submission after final rejection		
102 78 202 39 Independent claims in excess of 3	149 690	249	345	(37 ČFR § 1 129(a))		
104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims				For each additional invention to be examined (37 CFR § 1 129(b))		
over original patent	Other fee (spe	ecify) _				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (spe	ecify) _				
SUBTOTAL (2) (\$) 0	Reduced by I	Basic F	iling F	ee Paid SUBTOTAL (3) (\$)	40	
SUBMITTED BY Complete (if applicable)						
Name (Print/Type) Michael J. DeLuca Registration No (Attorney/Agent) 33.116 Telephone (561) 733 2410						
Signature Windurfd Dhin				Date 12/	05/00	

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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